## FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2014 OCT 16 AM 8: 29

Office USE DAY MAIL CENTER

NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
J  i  m  m  y    F  i  e  1  d	ı, c,	a <sub>l</sub> m <sub>l</sub> p <sub>l</sub> ali g n <sub>l</sub>	F   e   d   e   r   a   l     P	o, l, i, t, i, c, a, l, , A, c, t, i, o, n
C <sub> </sub> O <sub> </sub> m <sub> </sub> m <sub> </sub> i <sub> </sub> t <sub> </sub> t <sub> </sub> e <sub> </sub> e <sub> </sub>				
ADDRESS (number and street)	8 7	4,3,  W e s t	F <sub>a</sub> ir <sub>way</sub> ,D	r_i_v_e
(Check if address is changed)	سا			
		t <sub>l</sub> o <sub>l</sub> n <sub>l   R<sub>l</sub>o<sub>l</sub>u<sub>l</sub> o</sub>	g <sub>1</sub> e <sub>1 1 1 1 1</sub>	L A       7, 0, 8, 0, 9       -
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	<u>Li i</u>	ı fo e bur	1 a n d , 9 r g ,	
en e	1	al Second E-Mail Addr		
COMMITTEE'S WEB PAGE ADD	RESS (	URL)		
(Check if address is changed)	ننا	radi	<u>.</u>	
2. DATE 1 0 0	B / [2	, , , , , , , , , , , , , , , , , , ,		
3. FEC IDENTIFICATION NUMBER ▶ C				
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)	
I certify that I have examined thi	is Stater	nent and to the best o	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	James S.	Burland	<u> </u>	
Signature of Treasurer	Jun	es for		Date Do 2014
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office (1) (1) Use (1) Conty			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

٥	_	_	2
ra	п	ρ.	-

 5.	TYPE OF COMMITTEE						
,.	Candidate Committee:						
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affilia	Office State State Sought: House Senate President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Co	mmittee:					
	(d)	This committee is a (National, State (Democratic, Republican, etc.) Party.					
	Political	Action Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(u)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
	• .	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	Joint Fundraising Representative:						
	(g) [	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Nam	Write or Type Committee Name					
JIMMY FIELD CAMPAIGN FEDERAL POLITICAL ACTION COMMITTEE						
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
J i m m y F i e 1	d   C a m p a i g n					
Mailing Address	8 7 4 3 West Fair	way Drive				
	Baton Rouge	LA	7,0,8,0,9			
	CITY	STATE	ZIP CODE			
Relationship: Connecte	ed Organization Affiliated Committee J	oint Fundraising Representativ	re Leadership PAC Sponsor			
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.</li> </ol>						
Full Name	e s   S   .   B   u   r   l   a   n   d		ليسيسنس			
Mailing Address	7,4,2, North, 5th	S <sub> </sub> t <sub> </sub> r <sub> </sub> e <sub> </sub> e <sub> </sub> t <sub> </sub>				
	B <sub>1</sub> a <sub>1</sub> t <sub>1</sub> o <sub>1</sub> n <sub>1</sub> R <sub>1</sub> o <sub>1</sub> u <sub>1</sub> g <sub>1</sub> e <sub>1</sub> 1 1	L <sub>A</sub>	7,0,8,0,2			
Title or Position	CITY	STATE	ZIP CODE			
T <sub>1</sub> r <sub>1</sub> e <sub>1</sub> a <sub>1</sub> s <sub>1</sub> u <sub>1</sub> r <sub>1</sub> e <sub>1</sub> r		Telephone number 2 2 2	5 - [7,6,7] - [7,1,6,3]			
B. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name of Treasurer  Jam	e <sub>s</sub> s <sub>s</sub> s <sub>s</sub> s <sub>s</sub> b <sub>s</sub> u <sub>s</sub> r <sub>s</sub> b <sub>s</sub> u <sub>s</sub> r <sub>s</sub> b <sub>s</sub> a <sub>s</sub> b <sub>s</sub> b <sub>s</sub> s					
Mailing Address	7,4,2, North, Sth	S <sub>t</sub> reet				
		<del>                                     </del>				
	B <sub>1</sub> a <sub>1</sub> t <sub>1</sub> o <sub>1</sub> n <sub>1</sub> R <sub>1</sub> o <sub>1</sub> u <sub>1</sub> g <sub>1</sub> e <sub>1</sub> 1 1	LA	7,0,8,0,2			
Title or Position	CITY	STATE	ZIP CODE			
T,R,E,A,S,U,R,E,R		Telephone number 2 2 2	5 - 7,6,7 - 7,1,6,3			

Full Name of Designated Agent	A <sub>l</sub> m <sub>l</sub> a <sub>l</sub> n <sub>l</sub> d <sub>l</sub> a <sub>l</sub> <sub> </sub> K <sub>l</sub> a <sub>l</sub> t <sub> </sub> z <sub> </sub> , , , , , , , , , , , , , , , , , , ,		
Mailing Address	7,4,2, North, 5th,	S <sub>treet</sub>	
		<u></u>	
	B <sub>1</sub> a <sub>1</sub> t <sub>1</sub> o <sub>1</sub> n <sub>1</sub> R <sub>1</sub> o <sub>1</sub> u <sub>1</sub> g <sub>1</sub> e <sub>1</sub> 1 1	L <sub>A</sub>	7,0,8,0,2,-
	CITY	STATE	ZIP CODE
Title or Position	,	10.	
P <sub> </sub> r <sub> </sub> e <sub> </sub> p <sub> </sub> a <sub> </sub>	r <sub>l</sub> e <sub>l</sub> r <sub>l</sub>	Telephone number 21	2 5 - 7 6 7 - 7 1 6 3
====			
	<b>Depositories:</b> List all banks or other depositories in whit oxes or maintains funds. Depository, etc.	ch the committee deposits t	funds, holds accounts, rents
٠.			
	R e g i o n s B a n k		
Mailing Address	4,0,0,   C,0,n,v,e,n,t,i,0,n,	Street	
	S <sub>1</sub> u <sub>1</sub> i <sub>1</sub> t <sub>1</sub> e <sub>1</sub> 1 0 0		
	B <sub>a</sub> t <sub>on</sub> , R <sub>ou</sub> ge,	L <sub>A</sub>	7,0,8,0,2 -
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
	1		
			<u></u>
Mailing Address	<u> </u>		
	CITY	STATE	ZIP CODE
			_

RATION ROUGH LA MA

FEDERAL Elections Commission APPE Greet, NW WOODNUNGTON, OC 204638 91 188

Sapez

(8/2013)

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):